

## EMPLOYMENT APPLICATION

Last Name	e First Name Middle Initial		Social Security #				
				(	)		
Address				Area	Code	Home Phone	
				(	)		
City	State	Zip Code	e	Area	Code	Work Phone	
EMPLOYMENT	`DATA						
Position Desired:				Full	-Time □ Pa	art-Time 🗆	
Salary Desired:			Date Availa	te Available to Begin Work:			
Have you ever w	orked for the State Legislature b	pefore? Y	Yes □ No □	House:			
				Department:			
Name of Current Employer:				May we contact your current employeer?  Yes □ No □			
Referred to Senate Rules Committee by:							
If related to a cur	rrent Senate employee, please lis	st name and	l relationship	:			
	y receiving income benefits or has 'Retirement System (CalPERS	•		ntion to reti	ire from the C	California	
EDUCATION							
List school name	and location, beginning with hi	gh school:	Major	Degree	Years Completed	Did you Graduate?	
•	other experience, training, qualif in performing the job for which y		-	-	-	nake you	

## EMPLOYMENT RECORD

(Start with current or most recent employer and include military service, if any. Attach additional sheets if necessary).

· ·	*	3 3	<u> </u>
Company Name:		Job Title and Duties	Reason for leaving
Address:			
City:	State:		
From (mm/yy):	To (mm/yy):		
Supervisor:			
Phone:			
Hours per week:			
Company Name:		Job Title and Duties	Reason for leaving
Address:			
City:	State:		
From (mm/yy):	To (mm/yy):		
Supervisor:			
Phone:			
Hours per week:			
Company Name:		Job Title and Duties	Reason for leaving
Address:			
City:	State:		
From (mm/yy):	To (mm/yy):		
Supervisor:			
Phone:			
Hours per week:			

Certification: I declare under the penalty of perjury, that this statement has been completed by me and to the best of my knowledge and belief, is a true, correct, and complete statement in answer to the questions contained herein.

**SIGNATURE:** 

**DATE:**